Entry Blank—Please Type or Print

Ms./Artist	Gentur	BRAN	^
☐ Mr./Artist	OT NOT	BICAN	(last name last)
Permanent	ASCHONTA	COMIZEVEN	SHAKER HTS
Address	Street	City	SIITAL III
un	122 14	Daytime Tel (1921-1424
Zip	22 011		area
Studio Address	12210 M	MAYFIELD R	O, CLEUE.
		Street	City
44106	0410	Daytime Tel. (1791-2350
Zip			area
		of the counties of the	
Collaborator (if a	iny)		
☐ Artist will pic☐ Museum sho	k up at Museum.	ted or are not sold:	
	Street		
City	State		Zip
Special Inst	tions		

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until July 17, 1988.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Gunna Brand

I have received the unsold/unaccepted object(s) in good condition.

Entry Blanks

Detach entire portion along dotted line and submit with slides, but etain tags

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